

**DEPARTMENT OF EMPLOYEE TRUST FUNDS**  
**INCOME CONTINUATION INSURANCE ADMINISTRATION MANUAL-STATE**

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**CHAPTER 5 — MONTHLY PREMIUM REPORT**

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**500    Completing the *Monthly Premium Report Group Income Continuation Insurance* (ET-1611) for State Employee Plan**

The *Monthly Premium Report Group Income Continuation Insurance* form accompanies the monthly Income Continuation Insurance (ICI) premium remitted to the Department of Employee Trust Funds (ETF). This form provides a detailed breakdown of employee and employer premium contributions by program (standard ICI and supplemental ICI coverage) and premium category. (Refer to the sample form in subchapter 506.)

The *Monthly Premium Report Group Income Continuation Insurance* is available on ETF's Internet site at: <http://etf.wi.gov>. (Refer to subchapter 105 for alternative methods of obtaining copies of ICI forms.)

- 1.    Complete the *Monthly Premium Report Group Income Continuation Insurance* form as described below:**
  - a.    Department Name
  - b.    Employer ID No. 69-036 – Indicate the last seven digits of the number (XXXX-XXX) used for WRS reporting. (The Employer Identification Number (EIN) is a 12-digit number beginning with 69-036.)
  - c.    Coverage Month/Year – Indicate coverage month and year. Example: If the report is due on February 20, the coverage month is March.

## 2. “Premiums – Employees in Pay Status”

This section is used to indicate premiums from or for employees in pay status who are eligible for State share of premiums. Note: Employees in premium category 1 or 2 do not yet receive the State share, but are reported in this section.

- a. Number of Employees – Enter the number of employees participating in ICI coverage by premium category.
- b. Monthly Premium – Enter the coverage month’s employee standard premium contributions by premium category. This amount does not include the employee share of premiums for supplemental coverage detailed on page 2 of ET-1611.
- c. Adjustments – Enter the sum of all adjustments by premium category. (Used only when adjusting a previous month’s premium payment.) For example, you would report a retroactive adjustment due to a permanent change in percentage of appointment in this column.
- d. Subtotal – Enter the sum of the “Monthly Premium” and “Adjustments” columns by premium category.
- e. Subtotal A – Enter the sum of the figures entered by premium category in the “Subtotal” column.
- f. State Share – Enter the state share totals for premium categories 3 – 5 based on the calculations listed on form. (The State share for premium category 6 is the entire premium.)
- g. Total C State Share – Enter the sum of the figures entered by premium category in the “State Share” column.

## 3. “Premiums – Employee Not in Pay Status”

This section is used to indicate premiums for employees who are paying the entire premium (employee and employer shares) due to being on unpaid leave.

- a. Number of Employees – Enter the number of employees participating in ICI coverage by premium category.
- b. Monthly Premium – Enter the coverage month’s employee premium contributions by premium category. This amount does not include the employee share of premiums for supplemental coverage detailed on page 2 of ET-1611.
- c. Adjustments – Enter the sum of all adjustments by premium category. (Used only when adjusting a previous month’s premium payment.) For example, you would report a retroactive adjustment due to a permanent change in percentage of appointment in this column.

- d. Subtotal – Enter the sum of the “Monthly Premium” and “Adjustments” columns by premium category.
- e. Subtotal B – Enter the sum of the figures entered by premium category in the “Subtotal” column.

**4. “Supplemental Premiums – Employees in Pay Status”**

This section is used to indicate supplemental ICI premiums for employees in pay status.

- a. Number of Employees – Enter the number of employees participating in supplemental ICI coverage by premium category.
- b. Monthly Supplemental Premium – Enter the coverage month’s employee premium contributions by premium category.
- c. Supplemental Adjustments – Enter the sum of all adjustments by premium category. (Used only when adjusting a previous month’s premium payment.) For example, you would report a retroactive adjustment due to a permanent change in percentage of appointment in this column.
- d. Subtotal – Enter the sum of the “Monthly Supplemental Premium” and “Supplemental Adjustments” columns by premium category.
- e. Subtotal D – Enter the sum of the figures entered by premium category in the “Subtotal” column.

**5. “Supplemental – Employees NOT in Pay Status”**

This section is used to indicate premiums for employees who are NOT in pay status.

- a. Number of Employees – Enter the number of employees participating in supplemental ICI coverage by premium category.
- b. Monthly Supplemental Premium – Enter the coverage month’s employee premium contributions by premium category.
- c. Supplemental Adjustments – Enter the sum of all adjustments by premium category. (Used only when adjusting a previous month’s premium payment.) For example, you would report a retroactive adjustment due to a permanent change in percentage of appointment in this column.
- d. Subtotal – Enter the sum of the “Monthly Supplemental Premium” and “Supplemental Adjustments” columns by premium category.
- e. Subtotal E – Enter the sum of the figures entered by premium category in the “Subtotal” column.

Return to page 1 of form.

**6. This section is used to total employee and employer premium amounts into one grand total.**

- a. Total Employee-Paid Premium (Subtotal A + Subtotal B) – Enter the sum of “Subtotal A” plus “Subtotal B.”
- b. Total Employee-Paid Supplemental Premium (Subtotal D + Subtotal E from reverse) – Enter the sum of “Subtotal D” and “Subtotal E.”
- c. Total Amount Due – Enter the sum of “Total C State Share” and the two totals in a. and b. directly above. This is the grand total of employee and employer premiums for this coverage month.

501 Sample – Monthly Premium Report Group Income Continuation Insurance  
(ET-1611)

DEPARTMENT OF EMPLOYEE TRUST FUNDS  
Division of Trust Finance & Employer Services  
P. O. Box 7931  
Madison, WI 53707-7931

**MONTHLY PREMIUM REPORT**  
**GROUP INCOME CONTINUATION INSURANCE**  
(All State Employees Except University of Wisconsin Faculty)  
Wis. Stat. 40.05 (5) (a)

Please write or type PV Numbers  
in space provided on reverse  
page. Do not send paper PV's to  
ETF.

Department Name		Employer Identification Number (EIN) 69-036-			Coverage Month/Year	
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Premiums – Employees in Pay Status								
Premium Category	Number of Employees	Monthly Premium	Adjustments	Subtotal	Times	State Share % Rate	Equals	State Share
1					X	0%	=	- 0 -
2					X	0%	=	- 0 -
3					X	200%	=	
4					X	340%	=	
5					X	570%	=	
6								
				- 0 -				
				<b>Subtotal A</b>				
				- 0 -				
				<b>Subtotal B</b>				
				<b>Total C State Share</b>				

  

Premiums – Employees NOT in Pay Status				Plus (+)
Premium Category	Number of Employees	Monthly Premium	Adjustments	Subtotal
1				
2				
3				
4				
5				
6				
				<b>Subtotal B</b>

  

Total Employee-Paid Premium (Subtotal A + Subtotal B)	Plus (+)
Total Employee-Paid Supplemental Premium (Subtotal D + Subtotal E from reverse)	Plus (+)
Equals (=)	Equals (=)
<b>Total Amount Due</b>	<b>Total Amount Due</b>

  

Date (MM/DD/YYYY)	Prepared By:	Telephone No.
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Supplemental Premiums – Employees in Pay Status			
Premium Category	Number of Employees	Monthly Supplemental Premium	Supplemental Adjustments
1			
2			
3			
4			
5			
6			
			<b>Subtotal D</b>

Supplemental Premiums – Employees NOT in Pay Status			
Premium Category	Number of Employees	Monthly Supplemental Premium	Supplemental Adjustments
1			
2			
3			
4			
5			
6			
			<b>Subtotal E</b>

PV Numbers	

## **502 Completing the *Monthly Premium Report Group Income Continuation Insurance (ET-1612)* for UW Faculty Plan**

The *Monthly Premium Report Group Income Continuation Insurance* form accompanies the monthly Income Continuation Insurance (ICI) premium remitted to the Department of Employee Trust Funds (ETF). This form provides a detailed breakdown of employee and employer premium contributions by program (standard ICI and supplemental ICI coverage) and elimination period. (Refer to the sample form in subchapter 503.)

The *Monthly Premium Report Group Income Continuation Insurance* form is available on ETF's Internet site at: <http://etf.wi.gov>. (Refer to subchapter 105 for alternative methods of obtaining copies of ICI forms.)

### **1. Complete the *Monthly Premium Report Group Income Continuation Insurance* form as described below:**

- a. Coverage Month/Year – Indicate coverage month and year. Example: If the report is due on February 20, the coverage month is March.

### **2. “Premiums – Employees Eligible for State Share”**

This section is used to indicate premiums for employees who are eligible for State share of premiums.

- a. Number of Employees – Enter the number of employees participating in ICI coverage by premium category.
- b. Monthly Premium – Enter the coverage month's employee premium contributions by elimination period. This amount does not include the employee share of premiums for supplemental coverage detailed on page 2 of ET-1612.
- c. Adjustments – Enter the sum of all adjustments by elimination period category. (Used only when adjusting a previous month's premium payment.) For example, you would report a retroactive adjustment due to a permanent change in percentage of appointment in this column.
- d. Subtotal – Enter the sum of the “Monthly Premium” and “Adjustments” columns by elimination period.
- e. Subtotal A – Enter the sum of the figures entered by elimination period in the “Subtotal” column.
- f. State Share – Enter the state share totals for elimination periods based on the calculations listed on form.
- g. Total C State Share – Enter the sum of the figures entered by elimination period in the “State Share” column.

**3. “Premiums – Employees NOT Eligible for State Share”**

This section is used to indicate premiums for employees who are **not** eligible for State share.

- a. Number of Employees – Enter the number of employees participating in ICI coverage by elimination period.
- b. Monthly Premium – Enter the coverage month’s employee premium contributions by elimination period. This amount does not include the employee share of premiums for supplemental coverage detailed on page 2 of ET-1612.)
- c. Adjustments – Enter the sum of all adjustments by elimination period. (Used only when adjusting a previous month’s premium payment.) For example, you would report a retroactive adjustment due to a permanent change in percentage of appointment in this column.
- d. Subtotal – Enter the sum of the “Monthly Premium” and “Adjustments” columns by elimination period.
- e. Subtotal B – Enter the sum of the figures entered by elimination period in the “Subtotal” column.

**4. “Supplemental Premiums – Employees Eligible for State Share in Standard ICI Plan”**

This section is used to indicate supplemental ICI premiums for employees eligible for State share of premiums in standard ICI plan.

- a. Number of Employees – Enter the number of employees participating in supplemental ICI coverage by elimination period.
- b. Monthly Supplemental Premium – Enter the coverage month’s employee premium contributions by elimination period.
- c. Supplemental Adjustments – Enter the sum of all adjustments by elimination period. (Used only when adjusting a previous month’s premium payment.) For example, you would report a retroactive adjustment due to a permanent change in percentage of appointment in this column.
- d. Subtotal – Enter the sum of the “Monthly Supplemental Premium” and “Supplemental Adjustments” columns by elimination period.
- e. Subtotal D – Enter the sum of the figures entered by elimination period in the “Subtotal” column.



**5. “Supplemental Premiums – Employees NOT Eligible for State Share in Standard ICI Plan”**

This section is used to indicate premiums for employees who are **not** eligible for State share of premiums in standard ICI plan.

- a. Number of Employees – Enter the number of employees participating in supplemental ICI coverage by elimination period.
- b. Monthly Supplemental Premium – Enter the coverage month’s employee premium contributions by elimination period.
- c. Supplemental Adjustments – Enter the sum of all adjustments by elimination period. (Used only when adjusting a previous month’s premium payment.) For example, you would report a retroactive adjustment due to a permanent change in percentage of appointment in this column.
- d. Subtotal – Enter the sum of the “Monthly Supplemental Premium” and “Supplemental Adjustments” columns by elimination period.
- e. Subtotal E – Enter the sum of the figures entered by elimination period in the “Subtotal” column.

Return to page 1 of form.

**6. This section is used to total employee and employer premium amounts into one grand total.**

- a. Total Employee-Paid Premium (Subtotal A + Subtotal B) – Enter the sum of “Subtotal A” plus “Subtotal B.”
- b. Total Employee-Paid Supplemental Premium (Subtotal D + Subtotal E from reverse) – Enter the sum of “Subtotal D” and “Subtotal E.”
- c. Total Amount Due – Enter the sum of “Total C State Share” and the two totals in a. and b. directly above. This is the grand total of employee and employer premiums for this coverage month.

503 Sample – *Monthly Premium Report Group Income Continuation Insurance*  
(ET-1612)

DEPARTMENT OF EMPLOYEE TRUST FUNDS  
Division of Trust Finance & Employer Services  
P.O. Box 7931  
Madison, WI 53707-79031

Please write or type PV Numbers  
in space provided on reverse  
page. Do not send paper PV's to  
ETF.

**MONTHLY PREMIUM REPORT**  
**GROUP INCOME CONTINUATION INSURANCE**  
(University of Wisconsin Unclassified Faculty Only)  
Wis. Stat. § 40.05 (5) (a)

Department Name University of Wisconsin System	Employer Identification Number 69-036-0001-131	Coverage Month/Year
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Premiums – Employees Eligible for State Share					
Elimination Period	No. of Employees	Monthly Premium	Adjustments	Subtotal	
30 Days					Times
90 Days					% of State Contributions
125 Days					Equals
180 Days					State Share
		- 0 -			
				Subtotal A	Total C State Share

Premiums – Employees NOT Eligible for State Share				
Elimination Period	No. of Employees	Monthly Premium	Adjustments	Subtotal
30 Days				
90 Days				
125 Days				
180 Days				
		- 0 -		
				Subtotal B

Date (MM/DD/YYYY)	Prepared By:	Telephone No.:
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Total Employee Paid Premiums  
(Subtotal A + Subtotal B)

Plus (+)

Total Employee Paid Supplemental Premiums  
(Subtotal D + Subtotal E from reverse)

Plus (+)

Equals (=)

Total Amount Due

Supplemental Premiums – Employees Eligible for State Share in Standard ICI Plan				
Elimination Period	No. of Employees	Monthly Supplemental Premium	Supplemental Adjustments	Subtotal
30 Days				
90 Days				
125 Days				
180 Days				
Subtotal D				

Supplemental Premiums – Employees NOT Eligible for State Share in Standard ICI Plan				
Elimination Period	No. of Employees	Monthly Supplemental Premium	Supplemental Adjustments	Subtotal
30 Days				
90 Days				
125 Days				
180 Days				
Subtotal E				

PV Numbers	

## 504 Premium Remittance

The grand total of employee and employer premiums for the coverage month is the amount you must remit to ETF. This amount is indicated on *Monthly Premium Report Group Income Continuation Insurance* in the “Total Amount Due” field on both the ET-1611 and ET-1612. Remittances may be made through WiSMART Transaction Payment Voucher (PVs) or by check. (Checks must be made payable to the Department of Employee Trust Funds.) PV numbers must be included in the space provided on page 2 of the ET-1611 and ET-1612 or may be attached as a list. Do not send screen prints of PVs.

## 505 Due Date

The original copy of the *Monthly Premium Report Group Income Continuation Insurance* form and premium check or PV number(s) must be sent to ETF at the address shown on the report. Monthly premium reports and remittances are due in the ETF office on the 20<sup>th</sup> day of the calendar month preceding the month of coverage, or on the first working day after the 20<sup>th</sup> when the 20<sup>th</sup> falls on a day in which state offices are closed per Wis. Admin. Code ETF 10.63. Payments made by PV must be released to ETF on or before the due date. Note: Entering the PV on WiSMART and sending the report does not meet the due date obligation – ETF must be able to electronically receive the amount indicated on the PV on or before the due date.

## 506 Late Reporting Interest Charge

Interest is assessed at the rate of .04% of the total premium amount due for each day from the original due date through the date the report and premium remittance are received at ETF. The minimum interest assessment is \$3. Interest charges cannot be waived per Wis. Stat. § 40.06 (3).

## 507 Permanent Change in Percentage of Appointment

A permanent change in an ICI covered employee's percentage of appointment may result in the need for a premium adjustment. An *Income Continuation Insurance Application* (ET-2307) must be completed by the employee and received by the employer within 30 days of the change in percentage of appointment.

Premiums are adjusted at the beginning of the month on or after the effective date of the permanent appointment change. If premiums have already been paid based on the earnings in effect prior to the change, an adjustment must be made on the *Monthly Premium Report Group Income Continuation Insurance* form (ET-1629) during the following payroll period to reflect the change in salary for the effective coverage month.

EXAMPLE: The effective date of change of the new percentage of appointment is the first of October. The employee is in Premium Category 2.

1. Prior to October 1, employee earnings at 50% time = \$833.33 per month.

2. New appointment effective October 1, employee earnings at 100% time = \$1,666.67 per month.

ICI premiums for October coverage were paid one month in advance of the effective date of the change. Premiums paid in October for November coverage must reflect the increase between the old and the new premium, plus the new premium for November coverage as follows:

New premium for November coverage	\$10.42
Old premium	<u>- 5.32</u>
October Adjustment	\$ 5.10 Increase

October's premium adjustment of \$5.10 must appear in the 'Premium Adjustment' section (along with any other employee premium adjustments for that month) of the *Monthly Premium Report Group Income Continuation Insurance* form for November due at ETF on October 20th.